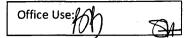


Missouri Ethics Commission (MEC)
PO Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov



Statement of Committee Organization

1.	Statement Information		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
	Date: 9-21-16 Type: The Parameter of Amended (if amending onter MEC ID COO)	1005	2 2 8 1	
	Type: New Mariended (if amending, enter MEC ID	& section cha	anged <u>Z</u> , <u>3</u> & 4	
2.		nald County Republican Central Committee		
	752 Route MM, Southwest City, MO 64863	3	(417 ₎ 762-3483	
	Commission Molling Address City State W. 7in	Kimberly Bell	Telephone Number	
	Official Committee Email Address Committee Type: Campaign Candidate Continuing (P	County Clerk or Board of Election Commission AC) Debt Service Explo		
3.	Treasurer/Deputy Treasurer Information			
	Kitty Collingsworth Treasurer's Name (First & Last)	(الحويمانية ع درااها الممارية عن أمارية المارية المارية المارية المارية المارية المارية المارية المارية المارية		
	752 Route MM, Southwest City, MO 64863 Treasurer's Malling Address, City, State, & Zip	(417)762-3483 Treasurer's Home Telephone Number	(417)762-3215 Treasurer's Work Telephone Number	
	n/a Deputy Treasurer's Name (If one appointed)	Deputy Treasurer's Email Address (optional)		
	Deputy measurer's Marine (ii one appointed)	()		
	Deputy Treasurer's Mailing Address, City, State, & Zip	Dep. Treasurer's Home Telephone Number	Dep. Treasurer's Work Telephone Number	
4.	Additional Committee Information	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Janice Pratt, Chairperson	702 Moss Church Road, Ai		
	Additional Committee Officer's Name & Title (If any)	Additional Committee Officer's Mailing Addre	ss, City, State, & Zip	
	Connected Organization's Name (If any)	Connected Organization's Mailing Address, Ci	ty, State, & Zip	
_	CANDIDATES: Do you have more than one candidate committee?	Yes (refer to instructions on b	ack) No	
5.	Official Bank Account Information (required by all committees)			
6.	Candidate Supported or Opposed (candidate committees must i	nclude self. if candidate)		
	ABATRIDARTAIT	()	()	
	Name & Mailing Edures City State & Zip of Gandiday	Telephone Number (Candidate Committees O	nly)	
	Election Date Office Sought & Political Subdivision	Political Party	Support or Oppose	
7.	Ballot Measure Supported or Opposed (campaign committees me	ust complete this section)		
	Name of Ballot Measure	Election Date & Political Subdivision	Support or Oppose	
	Signature(s) Check certification(s) & sign (required by all committees)			
Is affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accomplete acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch.				
	Htty Collingsworth	Candidate (Candidate Committees Only)		
	Committee reastige	condidate (Condidate Committees Only)		

MO 300-1308 Packet (Rev. 11/2014) Form must be completed in full & contain original signature(s), fax filings are not accepted.